CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:			
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY			
OFFICEHOLDER NAME	MI JUSE!		Date Received			
	NICKNAME LAST	SUFFIX	4 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	5			
OFFICEHOLDER MAILING ADDRESS	3807 TRAIRIE		Date Hand-delivered or Dale Postmarked			
Change of Address	AREA CODE PHONE NIMBER	78720				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 255-434		Receipt 294 Community			
6 CAMPAIGN	MS / MSS / MR FIRST	MI	Date Processed			
TREASURER NAME	NICKNAME LAST	SUFFIX	Date Imaged			
	ACEVEDO	>				
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE; ZIP CODE 3807 FRAIRIE LATIVE					
(Residence or business)	7700/10	15/20				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) $255 - 435$	EXTENSION /				
9 REPORTTYPE	January 15 30th day before election	n Runoff	15th day after campaign treasurer appointment (officeholder only)			
	July 15 Bih day before election	Exceeded \$500 (imit	Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THRO	Month Day	Year 2010			
11 ELECTION	ELECTION DATE ELECTION TY Month Day Year		_			
	03/02/2010 Primary	Runoff	General Special			
12 OFFICE	OFFICE HELD (# any)	13 OFFICE SOUGHT (if know	<u>.</u>			
		LUSTICE OF PE	WEPAECINOTZIPZ			
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign Candidates are required to disclose this information.					
EXPENDITURE BY OTHER INDIVIDUALS	Name					
	Address / PO Box; Apt. / Sulte #; City; State;	Zip Code				
additional pages	·					
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		·	16 ACCOUNT # (Ethics Commission Filers)		
17 NOTICE FROM POLITICAL COMMITTEE(S)	 This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. 				
COMMITTEL	COMMITTEE TYPE COMMITTEE NAME FICIAL ACEVE CO COMMITTEE ADDRESS SPECIFIC 3807 PRAIRIE NAME				
	SPECIFIC	3807 PRAIRIE HANG HUSTIN, TX. 78728			
[_] additional pages	FIDE ACEVEDO				
		COMMITTEE CAMPAIGN TREASURER ADDRESS 3807 PHAIRIE LAIVE AUSTIN TX 78728			
18 CONTRIBUTION TOTALS	CONTRIBUTION 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN				
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ - 0 -					
EXPENDITURE TOTALS	S TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 3.00.00				
	4. TOTAL	POLITICAL EXPENDITURES	\$7300,00		
CONTRIBUTION BALANCE		OCLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DO	1		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	s - 0 -		
19 AFFIDAVIT	~~~~~		perjury, that the accompanying report information required to be reported by		
LISA A. FAZ Notary Public STATE OF TEXAS Commission Exp. 03-30-2011 Signature of Candidate or Officeholder					
Sworp to and subscribed before me, by the said FIALL ACCVED, this the 16 day					
of JIMM120 10 to certify which, witness my hand and seal of office.					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

	POLITIC	CAL EXPENDITURES			SCHEDU	ILE F
The Instruction Guide explains how to complete this form.			1 Total page	es Schedule F:		
2	FILER NAME	Ξ		3 ACCOUNT # (Ethics Commission filers)		
8	required.)	5 Payee name WAIMART DISCOVER/C 6 Payee address; City, State; Zip Code PO, BOX 96000 H OALANOO F1.32896 ment (See instructions regarding type of information	-0024		7 Amour (\$) 300,	
		e of Texas, complete Schedule T)				
	Date	Payee name Payee address; City; State; Zip Code			Amour (\$)	rt
	required.)	ment (See instructions regarding type of information t of Texas, complete Schedule T)	•• Complete if dir Candidate / Officeholder n	•	e to benefit C/OH •• Office sought	Office held
	Date	Payee name Payee address; City; State; Zip Code			Amoun (\$)	it.
	required.)	ment (See instructions regarding type of information de of Texas, complete Schedule T)	•• Complete if dir Candidate / Officeholder n	,	Leto benefit C/OH ** Office sought	Office held
	Date	Payee name			Amoun	t
		Payee address; City; State; Zip Code			(\$)	
	required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n		to benefit C/OH ·· Office sought	Office held
	(If travel outside	o of Texas, complete Schedule T)				· · · · · · · · · · · · · · · · · · ·
		ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED		

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